

Substitute for form 1449/PTO (Revised 07/2007)				Complete if Known	
INFORMATION DISCLOSURE STATEMENT BY APPLICANT <i>(Use as many sheets as necessary)</i>				Application Number	10/792,175
				Filing Date	March 3, 2004
				First Named Inventor	Finke-Anlauff et al.
				Art Unit	2175
				Examiner Name	K. D. Vu
Sheet	1	of	8	Attorney Docket Number	042933/275300

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Examiner Initials*	Cite No.	Document Number Number - Kind Code (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages of Relevant Figures Appear
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		*Abstract only				

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OTHER DOCUMENTS				
Examiner Initials*	Cite No.	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.		
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